

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT									
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	
1							51							
2		1					52							
3		1					53							
4		1					54							
5							55							
6		1					56							
7		2					57							
8	1						58							
9		1					59							
10		1					60							
11		1					61							
12		1					62							
13		1					63							
14		2					64							
15	1						65							
16		1					66							
17		1					67							
18		1					68							
19		1					69							
20		2					70							
21		2					71							
22							72							
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44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	3						TOTAL IND.							
TOTAL DEP.							TOTAL DEP.							
TOTAL CLAIMS	3						TOTAL CLAIMS							